CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1) Kicardo Kollviguez Ban	OFFICE USE ONLY
(2) 5000 E 9 Ly	AUG2719 11:468M
Address (number and street) Wialesh, P. 33013	
City, State, Zip Code	
Check here if address has changed	(3) ID Number:
(4) Check appropriate box(es): Candidate Office Sought: City Cov Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications)	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed
(5) Repor	t Identifiers
Cover Period: From 07 / 0/ / 19 To	07/3//9 Report Type:
☐ Original ☐ Amendment ☐ Sp	ecial Election Report
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$	Monetary Expenditures \$ \(\begin{picture}(10,0) & \mathcal{O} & \mathca
Loans \$, ,	Transfers to Office Account \$, ,
Total Monetary \$, ,	
In-Kind \$, ,	Total Monetary \$,
ΠΕΙΧΙΙΙ Δ Ψ, ,, ,,	(8) Other Distributions
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
	rtification son to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, cor	
(Type name)	(Type/name) Kicardo Kadriopes Blan
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate
X	x 11 Doms
Signature	Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

ame Ricardo Rodriguez Blanes (2) I.D. Number								
(3) Cover Period	0710119	throug	gh <u>07</u> /	31 1 19	_ (4) Page	1 0	f <u>3</u>	
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8)	(9) Contribution Type	(10) In-kind Description	(11)	(12)	
NA	NA	NA	NA	NA	NA	NA	MA	
1 1						·		
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DS-DE 13 (Rev. 11/1	3)	EE DEV	/EDCE FOR II	METRICTIONS	AND CODE VAL	LIEO		

1) Name RI CAVILO KONTGUES IS CANCO (2) I.D. Number									
(3) Cover Perio	od 07 1 0/ 1 19 through 07	3/1/9	4) Page	7 of _	3				
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11)				
/ /	City of Higher 501 Pain Avenue Mach 191 33010	MA	Election Fee	MA	\$100.0				
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/ /	·								
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